



**NOTIFICATION OF ACCESSIBLE PARKING PERMIT
REQUEST OR CHANGE**
State Form 52045 (2-05)

Department of Administration
Parking Services
401 W. Washington Street, Room 108
Indianapolis, IN 46204
Washington Street Facility Telephone: 232-6268
Senate Avenue Facility Telephone: 233-4635

NOTICE: In addition to this completed form, the employee must provide proof that a valid Bureau of Motor Vehicles disability license plate or disability parking placard was issued in the employee's name. IDOA reserves the right to request updated information as deemed necessary. All information submitted as part of this application will be kept confidential. Instructions located on the reverse side of form.

Date	Current access tag / device number	Check appropriate box <input type="checkbox"/> Request for permit <input type="checkbox"/> Change of permit
Employee name (last, first, middle initial)		Agency
Home address (number and street, city, state, ZIP code)		Home telephone number

- Employee has:
- (1) ☐ terminated employment with the state. Enclosed is the access tag / device.
 - (2) ☐ recently been hired. Please issue an access tag / device.
 - (3) ☐ a need for temporary accessible parking.
 - (4) ☐ lost his / her access tag / device. Please assign another access tag / device. (\$35 fee to replace device)
 - (5) ☐ a change in employee mobility.
 - (6) ☐ a change in vehicle information, office location, or contact information.

EMPLOYEE VEHICLE INFORMATION		EMPLOYEE OFFICE LOCATION & CONTACT INFO
Year: _____	Make: _____	Building: _____ Room number: _____ Telephone number: _____ Email address: _____
Model: _____	Color: _____	
Plate number: _____	State: _____	
Vehicle has chair lift: <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Rear <input type="checkbox"/> No lift		
Employee has been issued: <input type="checkbox"/> Disability plate <input type="checkbox"/> Disability placard		
Placard number: _____ Placard expiration date: _____		

TO BE COMPLETED BY EMPLOYEE'S PHYSICIAN

Please indicate employee's mode of travel:

- ☐ by foot w/ no assistance ☐ by foot w/ assistance (crutches, walker, etc.) ☐ manual wheel chair
☐ electric wheelchair ☐ Other (specify): _____

Employee's condition is: ☐ Permanent ☐ Temporary If temporary, specify ending date: _____

Please indicate employee's ability (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> 500' total distance with no noticeable incline/decline | <input type="checkbox"/> 1025' total distance with no noticeable incline/decline |
| <input type="checkbox"/> 400' total distance with the following inclines/declines | <input type="checkbox"/> 975' total distance with the following inclines/declines |
| 1) 10" in 12' for a distance of 80' | 1) 10" in 12' for a distance of 80' |
| 2) 9" in 12' for a distance of 105' | 2) 9" in 12' for a distance of 105' |
| <input type="checkbox"/> 1125' total distance with the following incline/decline | 3) 4" in 12' for a distance of 120' |
| 1) 4" in 12' for a distance of 120' | |

Physician's signature	Printed name	Date	Telephone number
-----------------------	--------------	------	------------------

EMPLOYEE AFFIRMATION

I certify that the above information is true and accurate. Falsification or mis-use of accessible parking privileges may result in loss of parking privileges, towing or ticket fees, and/or discipline.

Employee Signature	Date
--------------------	------

FOR OFFICE USE ONLY

BMV Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage / lot number	Access tag / device number	If temporary, access tag / device expiration date
Signature of approving authority		Printed name	Title Date

Instructions for the completion of State Form 52045 (2-05)

- Please have this form completed in its entirety prior to requesting accessible parking. Incomplete applications will be returned and/or could delay processing your request.
- Proof of valid BMV disability plate or disability placard includes any document from the BMV that indicates that the plate or placard has been issued to the employee completing this form.
- Submit completed applications to:
Indiana Department of Administration
Parking Services
401 W. Washington Street, Room 108
Indianapolis, Indiana 46204
- Parking spaces will not be assigned but adequate spaces should be available in your assigned parking area. If you have trouble finding a space in your assigned area, please contact Parking Services at the number on the front of this form.
- If necessary, you will need to reapply for accessible parking if disability placard expires.